

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health, LLC

CASE NUMBER: 09-02016 EE For Period July 1 to July 31, 2011

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

| Form Attached | Previously Waived | REQUIRED REPORTS/DOCUMENTS |
|--------------------------------------|-------------------------------------|--|
| (mark only one - attached or waived) | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Comparative Balance Sheet (FORM 2-B) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Profit and Loss Statement (FORM 2-C) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cash Receipts & Disbursements Statement (FORM 2-D) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Supporting Schedules (FORM 2-E) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Narrative (FORM 2-F) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s) |

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 8/10/11
(date)

Debtor(s)*: Prevalence Health, LLC

By:**

Position: Liquidating Agent

Name of preparer: H. K. Lefoldt, Jr.

Telephone No. of Preparer 601-956-2374

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

QUARTERLY FEE SUMMARY

MONTH ENDED July 31, 2011

| Payment Date | Cash Disbursements * | Quarterly Fee Due | Check No. | Date |
|--------------|----------------------|-------------------|-----------|------|
| January | \$ 45,675 | | | |
| February | \$ 17,484 | | | |
| March | \$ 26,735 | | | |
| Total | | | | |
| 1st Quarter | \$ 89,894 | \$ 975 | | |
| April | \$ 11,582 | | | |
| May | \$ 355 | | | |
| June | \$ 23,695 | | | |
| Total | | | | |
| 2nd Quarter | \$ 35,632 | \$ 650 | | |
| July | \$ 4,152 | | | |
| August | \$ | | | |
| September | \$ | | | |
| Total | | | | |
| 3rd Quarter | \$ | \$ | | |
| October | \$ | | | |
| November | \$ | | | |
| December | \$ | | | |
| Total | | | | |
| 4th Quarter | \$ | \$ | | |

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

| | |
|---------------------------------|----------|
| \$0 to \$14,999.99 | \$325 |
| \$15,000 to \$74,999.99 | \$650 |
| \$75,000 to \$149,999.99 | \$975 |
| \$150,000 to \$224,999.99 | \$1,625 |
| \$225,000 to \$299,999.99 | \$1,950 |
| \$300,000 to \$999,999.99 | \$4,875 |
| \$1,000,000 to \$1,999,999.99 | \$6,500 |
| \$2,000,000 to \$2,999,999.99 | \$9,750 |
| \$3,000,000 to \$4,999,999.99 | \$10,400 |
| \$5,000,000 to \$14,999,999.99 | \$13,000 |
| \$15,000,000 to \$29,999,999.99 | \$20,000 |
| \$30,000,000 or more | \$30,000 |

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Case 09-02016-ee Doc 380 Filed 08/11/11 Entered 08/11/11 11:01:03 Desc Main

Regions Bank

Jackson 210 E Capitol ST Main

210 East Capitol Street

Jackson, MS 39201

Document

Page 3 of 5



00111848 01 AV 0.337 001
 PREVALENCE HEALTH LLC
 ATTN: H KENNETH LEFOLDT JR
 PO BOX 2848
 RIDGELAND MS 39158-2848



ACCOUNT # 9001277993

Cycle 001
 Enclosures 27
 Page 1 of 3

COMMERCIAL ANALYZED CHECKING

July 1, 2011 through July 29, 2011

SUMMARY

| | | | |
|---------------------|--------------|-----------------|-----------|
| Beginning Balance | \$374,815.86 | Minimum Balance | \$371,348 |
| Deposits & Credits | \$5,773.23 | + | |
| Withdrawals | \$469.95 | - | |
| Fees | \$284.13 | - | |
| Automatic Transfers | \$0.00 | + | |
| Checks | \$3,397.50 | - | |
| Ending Balance | \$376,437.51 | | |

Handwritten: 4,151.58

DEPOSITS & CREDITS

| | | |
|--------------------------|---|------------|
| 07/06 | EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A | 2.89 |
| 07/07 | Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110702 | 1,844.32 |
| 07/14 | Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949110709 | 3,926.02 |
| Total Deposits & Credits | | \$5,773.23 |

WITHDRAWALS

| | | |
|-------------------|--|----------|
| 07/01 | Merchant Service Merch Fee Health Allianc 8003547554 | 69.95 |
| 07/11 | Pitney Bowes Postage Debtor IN Poss 42906255 | 400.00 |
| Total Withdrawals | | \$469.95 |

FEES

| | | | |
|-------|-----------------|-------|--------|
| 07/11 | Analysis Charge | 06-11 | 284.13 |
|-------|-----------------|-------|--------|

CHECKS

| Date | Check No. | Amount | Date | Check No. | Amount |
|-------|-----------|----------|------|-----------|--------|
| 07/05 | 61465 | 3,397.50 | | | |

DAILY BALANCE SUMMARY

| Date | Balance | Date | Balance | Date | Balance |
|-------|------------|-------|------------|-------|------------|
| 07/01 | 374,745.91 | 07/06 | 371,351.30 | 07/11 | 372,511.49 |
| 07/05 | 371,348.41 | 07/07 | 373,195.62 | 07/14 | 376,437.51 |



REGIONS

Case 09-02016-ee Doc 380

Regions Bank

Jackson 210 E Capitol
210 East Capitol Street
Jackson, MS 39201

Filed 08/11/11

Entered 08/11/11 11:01:03

Desc Main

Document

Page 4 of 5

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

| | |
|------------|--------|
| | 001 |
| Cycle | 27 |
| Enclosures | 1 |
| Page | 2 of 3 |

**CHANGES TO YOUR DEPOSIT AGREEMENT
(INCLUDING ARBITRATION AND FUNDS
AVAILABILITY TERMS) TAKE EFFECT
JULY 21, 2011. PLEASE GO TO
REGIONS.COM/AGREEMENTS OR VISIT YOUR
BRANCH FOR AN AMENDMENT TO YOUR CURRENT
AGREEMENT.**

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!



Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
ATTN: H KENNETH LEFOLDT JR
PO BOX 2848
RIDGELAND MS 39158-2848

ACCOUNT # 9001277993

Page 3 of 3

Providence Hotel, LLC
 P.O. Box 13306
 Jackson, MO 64302
 (816) 757-0000

61468
 6-29-11

PAY TO THE ORDER OF

\$ 3,757.30

Payable to
 Lufkin & Co., P.A.

Three Thousand Three Hundred Twenty-seven & 30/100

RECEIVED

06/29/11

061468P 00653059026 #9001277993P

Week# 61465 07/05/2011 \$3397.50